

Institution/Division Name
Forensic Services Group
Employee Name and Address
[REDACTED]

Employee Reimbursement Form

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Employee ID #	Employee or Contractor Title	Bargaining Unit	Appropriation	Unit	Object
[REDACTED]	Chemist II	9	80000106	2530	B02
Document Total:\$		Reconciliation Date:	Schedule Pay Date:	Budget FY	FY
				2013	2013

		Total Private Auto Mileage								
Date	Description	Odometer Readings		Total Miles	Amount	Meals	Fares	Hotel	Other Expenses	Total Expenses
		Beginning	Ending							
11/01/12	Amherst to Springfield to testify in court	119008	119035	27	\$ 12.15				10.50	\$ 22.65
11/01/12	Springfield to Amherst	119035	119062	27	\$ 12.15					\$ 12.15
11/02/12	Springfield to Sudbury Crime Lab	119084	119155	71	\$ 31.95				1.80	\$ 33.75
11/02/12	Sudbury to Springfield	119158	119229	71	31.95				1.80	\$ 33.75
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Employee's Certification: I hereby certify under the penalty of perjury that the amounts itemized above are true and correct, were incurred by me during the performance of my official duties of the Commonwealth and conform fully with rules and regulations pertaining to employee reimbursement.

Employee's Signature:

Supervisor's Approval:

Title:

LAB SUPERVISOR II

Date:

11/16/12

Fiscal Verification:

Title:

Date:

Fiscal Approval:

Title:

Date:

Entered into HR/CMS By:

Title:

Date: